Health Priority: Tobacco Use and Exposure
Objective 1: Youth Prevention

Long-term (2010) Subcommittee Outcome Objective: By 2010, tobacco use among Wisconsin youth ages 11-17 will decline by 25%.

Inputs	Outputs		Outcomes		
	Activities	**Participation/ Reach**	**Short-term 2002-2004**	**Medium-term 2005-2007**	**Long-term 2008-2010**
• Funding (both public **and private) and in-kind services** • Coalitions • Public Policy • Training and Technical Assistance • Materials and Resources • Media	• Training and Technical Assistance • State and Local Policy and Legislative Support • Comprehensive Programs • Materials and Resources • Media and Counter-marketing • Local Coalitions • Monitoring and Evaluation	• Local Coalition Members • Youth Leaders • General Public • Health Care Providers • Business leaders • Local health departments • Policymakers	By 2004, reduce by 10% tobacco use by Wisconsin youth ages 11-17.	By 2008, reduce by 20% tobacco use by youth ages 11-17.	By 2010, reduce by 25% tobacco use by Wisconsin youth ages 11-17.

Health Priority: Tobacco Use and Exposure
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By 2010, tobacco use among Wisconsin youth ages 11-17 will decline by 25%.

Wisconsin Baseline	Wisconsin Sources and Year
Tobacco Use:*** Middle School 16% Middle School 43%** High School 39% High School* 40%	*Wisconsin Youth Tobacco Survey, 2000*. Department of Health and Family Services, 2000. * *Wisconsin Youth Risk Behavioral Survey, 1999.* Department of Public Instruction, 2000. ** *Great Lakes Inter-Tribal Council Youth Tobacco Survey, 2000*. Great Lakes Inter-Tribal Council. Lac du Flambeau, Wisconsin Bureau of Substance Abuse Services, Division of Supportive Living, WI Department of Health and Family Services. Note: The Federal Synar Regulation requires that each state annually conduct random, unannounced inspections of a sample of tobacco vendors to assess their compliance with the state's access law. The most significant change in any of the above categories is the drop in noncompliance at vending machines between 1998 and 1999. In part, this may be due to the change in state statute (s. 134.66 Wis. Stats., cigarette and tobacco products retailer license, and s. 134.66 Wis. Stats. restrictions on sale or gift of cigarettes or tobacco products) regarding placement of vending machines.
Cigarette Smoking:*** Middle School 12% Middle School 39%** High School 33% High School* 38%	
Establishments Selling to Minors Statewide: 1997 22.6% 1998 27.8% 1999 22.0% 2000 24.6% **Over the Counter:** 1997 17.7% 1998 23.5% 1999 19.6% 2000 19.6% **Vending**: 1997 44.4% 1998 58.2% 1999 34.0% 2000 51.9% ***Note: see definition of tobacco use that follows in the definition section.	

Federal/National Baseline	Federal/National Sources and Year
Tobacco Use:*** Middle School 13% High School 35% High School* 40%	*National Youth Tobacco Survey, 1999*. Morbidity and Mortality Weekly Review. **Youth Risk Behavioral Survey, 1999.* U.S. Centers for Disease Control and Prevention, 2000.
Cigarette Smoking:*** Middle School 9% High School 28% High School* 35% ***Note: see definition of tobacco use that follows in the definition section.	

Federal/National Baseline	Federal/National Sources and Year
76 %of ever-daily smokers in grades 9 through 12 had tried to quit smoking in 1999. Target 84 %.	*Healthy People 2010*. USDHHS. November 2000.

Related USDHHS Healthy People 2010 Objectives			
Chapter	**Goal**	**Objective Number**	**Objective Statement**
27 – Tobacco Use	Reduce illness, disability, and death related to tobacco use and exposure to secondhand smoke.	27-2	Reduce tobacco use by adolescents.
		27-3	(Developmental) Reduce the initiation of tobacco use among children and adolescents.
		27-4	Increase the average age of first use of tobacco products by adolescents and young adults.
		27-7	Increase tobacco use cessation attempts by adolescent smokers.
		27-11	Increase smoke-free and tobacco-free in environments in schools, including all school facilities, property, vehicles, and school events.
		27-14	Reduce the illegal sales rate to minors through enforcement of laws prohibiting the sale of tobacco products to minor.
		27-16	(Developmental) Eliminate tobacco advertising and promotions that influence adolescents and young adults.
		27-17	Increase adolescent's disapproval of smoking.
		27-18	(Developmental) Increase the number of Tribes, Territories, and States and the District of Columbia with comprehensive evidence-based tobacco control programs.
		27-19	Eliminate laws that preempt stronger tobacco control laws.
		27-21	Increase the average Federal and State tax on tobacco products.

Related USDHHS Healthy People 2010 Objectives			
Chapter	**Goal**	**Objective Number**	**Objective Statement**
26 – Substance use and Abuse	Reduce substance abuse to protect the health, safety, and quality of life for all, especially children.	26-9	Increase the age and proportion of adolescents who remain alcohol and drug free.
		26-16	Increase the proportion of adolescents who disapprove of substance abuse.
		26-17	Increase the proportion of adolescents who perceive great risk associated with substance abuse.

Definitions	
Term	**Definition**
Comprehensive Tobacco Prevention and Control Programs	Refers to the key elements for effective state tobacco control programs. The goal of comprehensive tobacco control programs is to reduce disease, disability and death related to tobacco use by: (1) preventing the initiation of tobacco use among young people; (2) promoting quitting among young people and adults; (3) eliminating nonsmokers' exposure to secondhand smoke; and (4) identifying and eliminating the disparities related to tobacco use and it's effects among different population groups.
Current Use of Tobacco	Use of cigarette, cigar, or smokeless tobacco on at least one of the previous 30 days.

Rationale:

- Tobacco use is the single most preventable cause of death and disease in our society. Annually, tobacco use causes more than 430,000 deaths and costs the Nation approximately $50-73 billion in medical expenses alone. (1)
- Nearly 90% of adult smokers began smoking before age 18.(2) By reducing the number of youth ages 11-17 from beginning smoking we will reduce the overall percentage of smokers in Wisconsin. The number of American teenagers taking up daily smoking jumped 73% between 1988 and 1996. Each day, more than 6,000 persons younger than age 18 try their first cigarette, and more than 3,000 become daily smokers.(1)
- Overall, the percentage of Wisconsin adolescents in grades 9 through 12 who smoke increased from 32% in 1993 to 38% in 1999. (3)
- Tobacco use is addictive: nearly 70% of smokers want to quit smoking, but only 2.5% are able to quit permanently each year. (1)
- Approximately half of all adolescents who continue smoking regularly will eventually die from a smoking related illness. (4) Other tobacco products also have serious health consequences. Use of smokeless tobacco is associated with leukoplakia and oral cancer. Although very little was known until recently about the health risks of cigar smoking, there is now strong evidence of causal relationship between regular cigar use and cancers of the lungs, larynx, oral cavity, and esophagus.

These consequences are of particular concern because in 1997, 22% of high school students smoked cigars and 9.3% used smokeless tobacco. (1)

- Right now the public health community assumes that illness and death rates will decrease with a reduction in consumption and exposure to tobacco products. As tobacco products change in composition, this assumption may not be true especially if the tobacco manufacturers change composition of the product in the future.
- The risks of tobacco use extend beyond actual users. Nearly 9 out of 10 nonsmoking Americans are exposed to environmental tobacco smoke (ETS). Exposure to ETS increases nonsmokers' risk for lung cancer and heart disease.(1)
- Due to extensive marketing of tobacco products many youth erroneously believe that the majority of adults smoke, yet less than 1 out of 4 currently use tobacco.
- Because most people who start smoking are younger than age 18, programs that prevent the onset of smoking are a critical part of a comprehensive tobacco prevention program.(5,6)
- Numerous published studies have shown that the combination of enforcing laws that restrict tobacco sales to minors and educating merchants can reduce illegal sales of tobacco to minors.(7,8) Access laws should be actively enforced at the local and state level through unannounced compliance checks in which minors attempt to purchase tobacco products. Young people may turn to social sources (e.g., older friends and family members) of tobacco products as commercial sources are reduced. Therefore, it is critical that minors' access restrictions be combined with a comprehensive tobacco control program that reduces the availability of social sources and limits the appeal of tobacco products.(8,9)
- Several studies have shown that school-based tobacco prevention programs that identify the social influences that promote tobacco use among youth and that teach skills to resist such influences can significantly reduce or delay adolescent smoking.(5,6) Because many students begin using tobacco before high school and impressions about tobacco use are formed even earlier, tobacco use prevention education must be provided in elementary school and continue through middle and high school.
- Programs that successfully assist young smokers in quitting can produce a quicker and probably larger short-term public health benefit than any other component of a comprehensive tobacco control program. Programs should be youth focused.
- Engaging young people to plan and conduct community tobacco prevention and education events and campaigns empowers an entire community. Youth involvement in community coalitions/ programs should focus on four goals: (1) prevention of the initiation of tobacco use among young people; (2) cessation for current users of tobacco; (3) protection from environmental tobacco smoke; and (4) elimination of disparities in tobacco among populations.
- Tobacco advertising and promotion activities appear both to stimulate adult consumption and to increase the risk of youth initiation.(6) Children buy the most heavily advertised brands (10) and are three times more affected by advertising than are adults.(11) Today's average 14-year old already has been exposed to more than $20 billion in imagery advertising and promotions since age 6, creating a "friendly familiarity" with tobacco products and an environment in which smoking is seen as glamorous, social, and normal.(1)
- Exposure to environmental tobacco smoke increases nonsmokers' risk of disease and premature death. Among children, environmental tobacco smoke is associated with serious respiratory problems, including asthma, pneumonia, and bronchitis. In addition, adults and older siblings in the home set the example for younger teens and often are their source for tobacco products.
- To achieve community change that supports the nonuse of tobacco, communities must change the way tobacco is promoted, sold, and used while changing the knowledge, attitudes, and practices of

young people, tobacco users and nonusers. Effective community programs embrace youth as peer mentors, advocates for change, and educators.

Outcomes:

Short-term Outcome Objectives (2002-2004)

By 2004, reduce by 10% tobacco use by Wisconsin youth ages 11-17

- Maintain youth's high level of awareness and knowledge about risks of tobacco.
- Change youth's attitudes toward nonsmoking.
- Increase youth's skill level in resisting tobacco use.
- Restrict and enforce tobacco sales to minors
- Embrace and promote a comprehensive community tobacco control program including school-based prevention and cessation.
- Increase the percentage of youth who want to quit smoking.
- Increase the percentage of youth that participate in community activities that discourage them from using tobacco products.
- Increase youth's awareness of targeted media and marketing strategies/tactics aimed at them.

Medium-term Outcome Objectives (2005-2007)

By 2008, reduce by 20% tobacco use by youth ages 11-17.

- Change social norms that support tobacco use. Continue to reinforce youth's awareness and understanding of youth targeted media and marketing strategies.
- Decrease the percentage of youth that reside in homes with adult smokers.
- Continue to promote youth leadership skill development by promoting participation in community activities.

Long-term Outcome Objectives (2008-2010)

By 2010, reduce by 25% tobacco use by Wisconsin youth ages 11-17.

- Maintain, expand, and strengthen community partnerships and legislative support for tobacco control programs.
- Continue to share and implement best practice prevention programs statewide.

Inputs: *(What we invest – staff, volunteers, time money, technology, equipment, etc.)*

Note: All the inputs that follow apply to all activities and target population groups for short, medium, and long-term outcomes.

- Funding: Funding (both public and private) and in-kind services (such as buildings, staff, training, materials) in support of effective tobacco prevention and control.
- Coalitions: Engaging the developing existing and emerging tobacco prevention and control coalitions in every county of the state. Coalitions should have participation for key community systems and organizations including but not limited to health care providers/systems, local health departments, tribal agencies, families, youth, public health organizations, faith community, schools, law enforcement, youth-serving organizations, community-based organizations, work sites, businesses, local policy leaders, and others. The coalitions will plan, implement, and evaluate local policy and program initiatives.

- Public Policy: Laws, regulations, and policies that support youth prevention, cessation, and the elimination of exposure to secondhand smoke
- Training and Technical Assistance: Training and technical assistance infrastructure to provide support for state, regional, and local partners and assure the use of best practices and effective processes in planning, implementing, and evaluating tobacco prevention and control initiatives.
- Materials and Resources: Research-based and proven materials for use by state, regional and local partners in the planning, implementation, and evaluation of effective tobacco prevention and control initiatives.
- Media: An aggressive media and countermarketing campaign to raise awareness and prompt action in support of state and local tobacco prevention and control initiatives.

Outputs: (What we do – workshops, meetings, product development, training. Who we reach- community residents, agencies, organizations, elected officials, policy leaders, etc.)

Note: All activities apply to all inputs and groups we are trying to reach, thus applying to short, medium, and long-term outcomes.

Activities

- Training and Technical Assistance: Statewide and regional partners will provide an array of support for the implementation of best practices, including expertise in community development, coalition development, program planning and evaluation, and effective policy change and cessation support.
- State and Local Policy and Legislative Support: State, regional, and local partners will support policy and legislation that foster tobacco prevention and control programs and activities.
- Comprehensive Programs: State, regional, and local partners will implement comprehensive program consistent with the Centers for Disease Prevention and Control guidelines.
- Materials and Resources: All partners should have access to materials and resources that reflect the most effective programs and policies.
- Media and Countermarketing: An aggressive media and countermarketing efforts should support local action to prevent and reduce tobacco use.
- Local Coalitions: Local coalitions should be adequately funded and supported in order to lead local efforts to prevent and reduce tobacco use.
- Monitoring and Evaluation: All programs and activities should be held to the highest standards of program outcome. In addition, tobacco use trends should be monitored regularly to demonstrate progress toward overall objectives.

Participants/Reach

- Local Coalition Members: Members of local coalitions should lead the statewide effort and should be supported by and engaged in inputs and outputs.
- Youth Leaders: Youth are valuable leaders for both youth and adult-targeted activities. Youth should be engaged in program planning and implementation of tobacco prevention and control activities.
- General Public: The majority of people do not smoke and should be engaged in comprehensive efforts to prevent and reduce tobacco use.

- Health Care Providers: Physicians, nurses, physician assistants, and all health care providers should be engaged in implementing the Clinical Guidelines for cessation programs, in addition to taking part in larger comprehensive efforts.
- Business Leaders: Business leaders bear health care, lost productivity, and cleaning costs associated with tobacco and can be valuable leaders in state and local tobacco prevention and control efforts.
- Policymakers: Appointed and elected officials both at the state and local levels should be engaged in facilitating state and local policy change and the implementation of comprehensive efforts.

Evaluation and Measurement:

Progress in the tobacco outcome objectives can be measured with several large annual surveys such as the Youth Tobacco Surveys, Synar, Youth Risk Behavioral Survey. Contained in Appendix A are the critical questions found in these aforementioned surveys. It is anticipated that these same questions will continue to exist in future instruments in order to plan and evaluate progress on a continuous basis.

Limitations with current data include:

- Current surveys are current school-based they may not reach high risk youth not in school, thus the data underestimates the prevalence of tobacco usage.
- Current surveys do not provide statistically significant data on specific population groups to include youth from racial and ethnic populations.
- Current data sets are statewide samples and do not provide local data.

(For summary of data elements, refer to the *Wisconsin Tobacco Facts,* produced by the Wisconsin Tobacco Control Program, Division of Public Health.)

Crosswalk to Other Health and System Priorities in Healthiest Wisconsin 2010

Access to Primary and Preventive Health Services: Primary care providers should be aware that tobacco use is a pediatric condition and should regularly screen, counsel, and refer to age-appropriate cessation support.

Alcohol and Other Substance Use and Addiction: There is a correlation between tobacco use and the use of other chemical substances. Alcohol and tobacco are often cited as powerful bonds for those attempting to quit tobacco. Health educators, intervention specialists, and health care providers should foster prevention through youth asset development and strength-based strategies.

Environmental and Occupational Health Hazards: Environmental (side-stream) tobacco smoke is a workplace hazard, especially for high risk groups such as pregnant women and employees with existing health conditions such as asthma and heart disease.

Intentional and Unintentional Injuries and Violence: Tobacco is a leading contributor to house fires, which causes burns and death.

Overweight, Obesity, and Lack of Physical Activity: Tobacco company advertising often leads many young people to believe that by using tobacco products they will become thin and improve their image.

Social and Economic Factors that Influence Health: Selected populations have higher than average smoking rates. These populations include: families with histories of lower educational attainment,

lower household incomes, and higher exposure to environmental tobacco smoke. Youth who grow up in households with adult smokers are more likely to smoke themselves.

Equitable, Adequate, and Stable Financing: Funding at the local level identified in the Centers for Disease Control *Best Practices for Comprehensive Tobacco Control Programs*, August 1999, will provide meaningful reductions in tobacco use and health care costs in our state.

Significant Linkages to Wisconsin's 12 Essential Public Health Services

Monitor health status to identify community health problems: Ongoing surveillance will lead to identification of best practice programs within our state. Tobacco use continues to be a leading cause of premature death. Monitoring local tobacco use rates provides an indicator of future health problems. As emerging tobacco product development changes it will be important to monitor health risk and accompanying marketing strategies of these new products.

Identify, investigate, control, and prevent health problems and environmental health hazards in the community: Tobacco is the leading cause of disease and premature death in our state.

Educate the public about current and emerging health issues: Prevention through education needs to match the audience for which it is intended. People learn and people act on different messages, thus age and culturally specific messages are necessary to fully innoculate our children from tobacco. We need to maintain the level of knowledge about the dangers of tobacco and identify key health education messages that reflect tobacco prevention best practices.

Promote community partnerships to identify and solve health problems: Local coalitions which include members reflective of the community at-risk, as well as schools, healthcare, voluntary organizations, elected officials, and traditional public health partners will be most successful.

Enforce laws and regulations that protect health and insure safety: Although it is illegal in our state, a high percentage of youth can still purchase tobacco products.

Connection to the Three Overarching Goals of Healthiest Wisconsin 2010

Protect and promote health for all: By preventing initiation in youth we prevent the immediate and long-term health impacts caused by tobacco. According to 2000 Burden of Tobacco report, Wisconsin loses approximately 7,300 lives per year and spends almost 1.6 billion in health care costs due to tobacco related death and disease. In addition, 95,000 years of live are lost and there is over 1.4 billion in lost productivity due to illness and premature death.

Eliminate health disparities: The primary disparities are related to socioeconomic status, but specific ethic communities have higher rates of tobacco use and tobacco-related death and disease. By initiating prevention programs that emphasize social norm change and focus on disproportionately impacted populations, long-term health improvements will be realized in specific populations.

Transform Wisconsin's public health system: We must all share in promoting effective public health systems. By implementing a comprehensive anti-tobacco effort, effective assessment, assurance, and policy development activities will be supported at a state, regional, and local level. The implementation and use of the Youth Tobacco Survey, Youth Risk Behavioral Survey, and Behavioral Risk Factor Surveillance Survey, coupled with the uniform use of effective evaluation paradigms like logic models, will provide effective surveillance and evaluation processes. Finally, the regular review

of data allows for ongoing policy and program improvement that will assure public health systems address the burden of tobacco in Wisconsin.

Key Interventions and/or Strategies Planned:

Create a bold and comprehensive approach as outlined in CDC's *Best Practice Guidelines* including:

- Collaborate with school programs to include tobacco free policies, evidence-based curricula, teacher training, parental involvement, and cessation services.
- Restrict and enforce tobacco sales to minors.
- Link school-based efforts with local community coalitions and statewide counter-advertising programs.
- Promote youth leadership skill development, such as media advocacy, by participation in community tobacco control activities.
- Foster a change in social norms and attitudes toward tobacco and the industry that promotes and distributes it.

References:

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Appendix A

Indicators:

- % of youth who initiate tobacco use by age (Youth Tobacco Survey & Youth Risk Behavior Surveillance Survey)

  How old were you when you smoked a whole cigarette for the first time?
  a . I have never smoked a whole cigarette
  b. 8 years old or younger
  c. 9 or 10 years old
  d. 11 or 12 years old
  e. 13 or 14 years old
  f. 15 or 16 years old
  g. 17 years old or older

  How old were you when you used chewing tobacco, snuff, or dip for the first time?
  a. I have never used chewing tobacco, snuff, or dip
  b. 8 years old or younger
  c. 9 or 10 years old
  d. 11 or 12 years old
  e. 13 or 14 years old
  f. 15 or 16 years old
  g. 17 years old or older

  How old were you when you smoked a cigar, cigarillo, or little cigar for the first time?
  a. I have never smoked a cigar, cigarillo or little cigar
  b. 8 years old or younger
  c. 9 or 10 years old
  d. 11 or 12 years old
  e. 13 or 14 years old
  f. 15 or 16 years old
  g. 17 years old or older

- % of youth who use tobacco products (Youth Tobacco Survey & Youth Risk Behavior Surveillance Survey)

- Compliance checks of tobacco retailers who sell to minors (Synar data)

- Knowledge and attitude indicators of youth resistance to tobacco advertisement (Youth Tobacco Survey)

- % Youth who participate in community activities

  During the past 12 months, have you participated in any community activities to discourage people your age from using cigarettes, chewing tobacco, snuff, dip, or cigars?

a. Yes
b. No
c. I did not know about any activities

- Knowledge and attitudes of youth resistance to tobacco advertisement

During the past 12 months, did you buy or receive anything that has a tobacco company name or picture on it?
a. Yes
b. No

. Would you ever use or wear something that has a tobacco company name or picture on it such as a lighter, T-shirt, hat, or sunglasses?
a. Definitely yes
b. Probably yes
c. Probably not
d. Definitely not

- Community and legislative support for a comprehensive tobacco control program

Benchmarks:

Note: There are some limitations with the baseline data as youth survey information may include youth younger than 11 years of age and older than 17 years of age as information is gathered in schools.

- Youth Tobacco Survey (YTS)
- Youth Risk Behavioral Surveillance Survey (YRBSS)
- Wisconsin meets Center for Disease Control (CDC) Best Practice Guidelines for comprehensive youth prevention programming
- Synar data